

Docket No.: 3350-031G
Client No.: BillPayG

FILE COPY PATENT

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of
Kight et al.

Application S/N: 09/542,109

Filed: March 31, 2000

For: BILL PAYMENT SYSTEM AND METHOD UTILIZING BANK ROUTING NUMBERS

: Group Art Unit: 2768
: Expected Examiner: R. Weinhardt

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CORRECTIONS BRANCH

Honorable Assistant Commissioner
for Patents
Washington, DC 20231

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Commissioner for Patents, Washington, D.C.
20231

on July 25, 2000

Signature Lisa A. Wierzbicki

Sir:

Transmitted herewith is a Request for Filing Receipt Corrections in the above-identified application.

- [X] No additional fee is required.
[] Also attached:

fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims				x \$18 =	\$0
Independent Claims			0	x \$78 =	\$0
Petition for Extension of Time for---- month, \$---0.00					
TOTAL FEE DUE					\$0

[] A check in the amount of \$_____ is attached

[X] Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 12-0429, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

LALOS & KEEGAN



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Date: July 25, 2000

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PATENT

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REQUEST FOR FILING RECEIPT CORRECTIONS

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Washington, DC 20231

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Assistant Commissioner for Patents,
Washington, D.C. 20231


on July 25, 2000
Gina Safir
.....
Signature

Dear Sir:

Enclosed is a copy of the Official Filing Receipt of the
above-referenced application. Please make the change(s) as
shown.

Respectfully submitted,

LALOS & KEEGAN


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FILING RECEIPT



OC000000005168191

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/542,109	03/31/2000	2768	1230	3350-31G	7	24	9

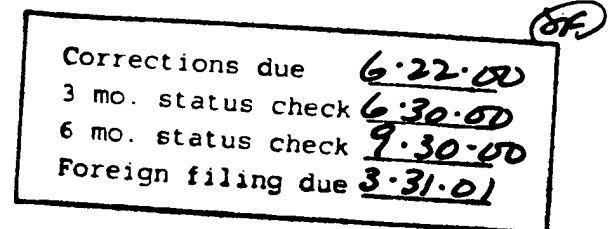
Alfred A Stadnicki
Lalos & Keegan
1146 Nineteenth Street NW Fifth Floor
Washington, DC 20009

Date Mailed: 06/09/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Each Peter J. Kight, Alpharetta, GA ;
Mark A. Johnson, Dublin, OH ;
Tamara K. Christenson, Gahanna, OH ;
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Kenneth Cook, Gahanna, OH ;

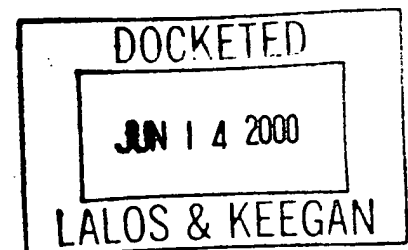


Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CON OF 09/250,675 02/16/1999
WHICH IS A CON OF 08/372,620 01/13/1995 PAT 5,873,072
WHICH IS A CON OF 07/736,071 07/25/1991 PAT 5,383,113

Foreign Applications

If Required, Foreign Filing License Granted 06/09/2000



Title

Bill payment system and method utilizing bank routing numbers

Preliminary Class

705



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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE
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#6

SERIAL NUMBER 09/542,109	FILING DATE 03/31/2000 RULE -	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 3350-31G
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APPLICANTS
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 Mark A. Johnson, Dublin, OH ;
 Tamara K. Christenson, Gahanna, OH ;
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/09/2000** -

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 7	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE
 Bill payment system and method utilizing bank routing numbers

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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